I020404-001

**Bell Laboratories, Inc.**
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12 January 2009

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) -- Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

| | | | |
|---|---|---|---|
| Submitter: | Craig A. Riekena<br>Compliance Manager<br>Bell Laboratories, Inc. | Registrant Name: | Bell Laboratories, Inc.<br>3699 Kinsman Blvd.<br>Madison, WI 53597 |
| Transmittal Date: | January 12, 2009 | Submission: | Voluntary Incident Report |

Reportable Substance(s):

| Product | EPA Reg. # |
|---|---|
| Ditrac Tracking Powder | 12455-56 |
| | |
| | |

Sincerely,

Bell Laboratories, Inc.

Craig A. Riekena
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com

/oluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

rovide all known, required information. If required data field information is unknown, designate as such in appropriate area 

| | | | | |
|---|---|---|---|---|
| Row 1<br><br>Administrative Data | Reporter Name<br>[redacted] | Submission date. | Contact person (if different than reporter) | Internal ID<br>*415846* |
| | Address<br><br>*New York City, NY*<br>*USA* | | Address | |
| | Phone # [redacted] | | Phone # | |
| | Incident Status:<br>*New* | Location and date of incident<br>*New York City, NY*<br>*USA*<br>*12/06/2008* | Date registrant became aware of incident.<br>*12/11/2008* | Was incident part of larger study?<br>*No* |
| Row 2<br><br>Pesticide(s) Involved | EPA Registration # (Product 1)<br>*12455-56* | EPA Registration # (Product 2) | EPA Registration # (Product 3) | |
| | A.I. (s)<br>***Diphacinone*** | A.I. (s) | A.I. (s) | |
| | Product 1 name<br>***Ditrac Tracking Powder*** | Product 2 Name | Product 3 Name | |
| | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | Exposed to concentrate prior to dilution? | |
| | Formulation *powder* | Formulation | Formulation | |
| Row 3<br><br>Incident Circumstances | Evidence label directions were not followed? *No*<br>Intentional misuse?<br>*No* | Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).<br>***Own Residence*** | Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).<br>***See Incident Description Notes*** | |
| | Applicator certified?<br>*UNK* | | | |
| | How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)<br>***See Incident Description Notes*** | | | |

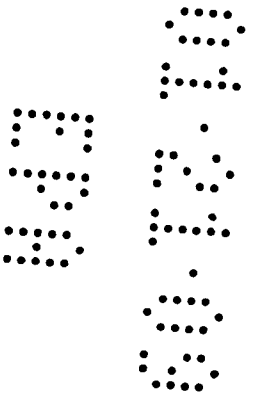
*Personal privacy information*

Brief description of incident circumstances.

*Seaverson, Ryan Dec 11 2008 8:58AM*
*EPA: 12455-56*

*Hx. Caller spread this product per labeled directions on 12/6/08, and by the following day he had developed hives and a rash on his neck and stomach. He denies direct exposure to the product. The rash is still present and has begun to spread. He is wondering if this product could be the cause.*

*A. Informed caller this product is an LAAC and the symptoms present are not expected from the exposure described. Recommend MD evaluation to determine the cause. Call back, as needed.*



| | | | |
|---|---|---|---|
| Demographic information:<br>Age: *49 Year(s)* Sex: *Male*<br>Occupation (if relevant)<br>*NA* | Exposure route:<br>***Unknown route*** | Was adverse effect result of suicide/homicide or attempted suicide/homicide?<br>*No* | Was protective clothing worn (specify)?<br>***None Reported*** |
| If female, pregnant?<br>*NA* | Was exposure occupational?<br>***Not indicated***<br>If yes, days lost due to illness:<br>*NA* | Time between exposure and onset of symptoms:<br>***24 hrs or less*** | |
| Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).<br>***PCC Referral to HCF: Private MD/DVM-unknown disposition*** | List signs/symptoms/adverse effects<br>***Dermatological-Hives/Welts***<br>***Dermatological-Rash*** | | If lab tests were performed, list test names and results (If available, submit reports)<br>***None Reported*** |
| Exposure data: *NA*<br>Amount of pesticide: *NA*<br>Exposure duration: ***Acute < 8hrs***<br>Patient weight: ***Unknown*** | | | |
| Human severity category:<br>*HC* | | | |

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
*415846*